

Behavioral Health Advisory Council Minutes
Monday, June 9, 2014
Charles Ed McFall Boardroom
Lincoln Center
4345 N. Lincoln

Board Members Present:

Laura Boyd
Janet Cizek
Charles Danley
Paul Davis
Verna Foust
Roxanne Hancock (for Mark Attanasi)
Lanette Long
Kimrey McGinnis
Karen Orsi
Traylor Rains
Randy Randleman
Vicki Reynolds
Carrie Slatton-Hodges
Debbie Spaeth (for James Hale)
Jeff Tallent
Lisa Williams
Mary Jo Kinzie
Brian Wolff
Melissa Griffin

Other:

Nichole Burland
Hsiu-Ting Cheng
Cris Davis
Mary Ann Dimrey
Jeff Dismukes
Susan Geyer
Lisa Gifford
Tanesha Hooks
R Pasternik- Ikard
Jennifer King
Susan Lowery
Juarez McCann
Tony Russell
Sloan Wood
Mark Reynolds

This meeting is to ask for input regarding the cuts that must be made to the budget. Although the Department of Mental Health budget was not cut, there was no increase in funds to cover the loss in FMAP funds or the growth of Medicaid. Today's meeting is specifically for recommendations to take to the Medical Advisory Council (MAC) concerning where the budget cuts can be made. A list of potential budget items was emailed earlier last week to the members with the total of cost savings both to the ODMHSAS and the State included (attachment 1). A total of \$55 million needs to be cut (federal & state dollars).

Items that were proposed on the summary sent out include limiting Psychosocial Rehabilitation Services (PSR) for adults and children who meet specific criteria, limiting outpatient behavioral health provider billable hours to either 40 or 35, and reducing the authorization period for members in partial hospitalization from 90 days to 60, 45, or 30. The last item on the proposal was to reduce the Provider rate. For every 1% in provider rate reductions, the ODMHSAS would save \$1 million. (*See attached "Summary-Budget Reduction Items"*)

Discussion began with the rule change to SoonerCare Outpatient Behavioral Health that would limit the number of billable hours for outpatient behavioral health providers to 40 hours per week. Currently there is no monthly cap, although there is a 12 hour a day cap. This would have a total savings of \$8.5 million. There has also been some discussion on limiting the total billable hours to 35, which would have a total savings of \$14.3 million (\$5.5 million in state dollars).

There are some concerns about limiting the mental health criteria for PSR, specifically for those children who are currently enrolled in at risk groups in the schools who are either waiting for evaluation, or who have been evaluated and do not meet the criteria for IEP or 504, which is reserved for those children with SED, but they are causing problems in the classroom. Co-chair Laura Boyd asked Dr. Randy Randleman and Ms. Joy Turner from the Disability Law Center to write up a proposal that would outline the “identify and verify” protocols, so that they can be discussed later on during the meeting.

In the rules, there is a distinction between substance abuse rehabilitation and mental health PSR, with different goals and objectives. The proposed limits to PSR apply only to mental health providers, not to substance abuse providers. The majority of the substance abuse population does not qualify for Medicaid, and generally, children are given a diagnosis of Severe Emotional Disturbance (SED).

MOTION by Mr. Jeff Tallent to accept the staff recommendations on budget reductions.

Co-chair Paul Davis stated that he thought the summary budget reduction items that were emailed were a ‘menu’ of ideas. Ms. Carrie Slatton-Hodges replied that all the items on the list that were emailed, with the exception of the rate cuts, were needed in order to meet the required budget reduction.

Pending further discussion, MOTION withdrawn.

Mr. Traylor Rains presented several graphs to the committee outlining what was paid during the last 13 months for Psychosocial Rehabilitation Services, and what the impact to the budget reduction would be if limiting the billable hours to 40 or to 35 per week (see attachment 2).

Since there was such a significant difference between the cost savings at 35 and at 40, the Co-chair Boyd asked if the limit was put at 35 hours would that mean that the extra savings could be used to subsidize the ‘at risk’ group that Dr. Randleman and Ms. Turner were speaking of. Mr. Rains agreed that it was a possibility. Ms. Janet Cizek expressed concern on creating a specialized group where non-professionals would create the criteria for eligibility. Dr. Randleman suggested that a requirement could be that a school psychologist or other professional evaluate the student. Ms. Melissa Griffin also expressed some concern on the definition of ‘at risk’, and only incorporating those programs that would utilize best practice.

MOTION by Mr. Jeff Tallent to accept the first three recommendations as presented, with the exception of limiting billable hours to 35 hours average per week. Second by Ms. Verna Foust. MOTION is amended to accept limitation of outpatient behavioral health provider billable hours to 35 hours average per week. All in favor, none opposed. Motion carries.

MOTION by Mr. Jeff Tallent that Provider Rates would not be cut. Second by Ms. Melissa Griffin. All in favor, none opposed. Motion carries.

MOTION by Ms. Melissa Griffin to eliminate PSR for all children under 6 who do not meet eligibility criteria. Second by Mr. Randy Randleman. All in favor, none opposed. Motion carries.

MOTION by Ms. Verna Foust to limit PSR to adult members with a history of psychiatric hospitalization or admissions to crisis centers; have been determined disabled by the Social Security Administration for mental health reasons; or who are residing in residential care facilities, and children's PSR services to members with a history of psychiatric hospitalization or admissions to crisis centers; have been determined disabled by the Social Security Administration for mental health reasons; or have a current Individual Education Plan (IEP) for emotional disturbance, a 504 plan, or an RTI with emotional disturbances that have been evaluated by a school psychologist (*with the caveat that if after evaluating the cost associated with adding the RTI group, it is determined that it would not exceed an amount needed in order to achieve necessary budget savings*). Second by Charles Danley. All in favor, none opposed. Motion carries.

Adjourn: 10:55

Next meeting will be a public meeting in August.